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ABSTRACT

The premise of this presentation is that clinical experiences are superior to many traditional kinds of field placements. Four types of clinical experiences are described: participant observation in special education classrooms; a team planned cooperative teaching experience; participation in the activities of a college reading clinic; and participation in simulations. Each represents one of four roles of the teacher: teacher as researcher; as colleague; as nurturer; and as professional leader. It is noted that field experiences provide students with survival skills, but clinical experiences serve as models for change and provide forays into future practices. (JD)

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TOO MUCH OF A GOOD THING:

REPLACING FIELD ASSIGNMENTS WITH CLINICAL EXPERIENCES - FOUR MODELS

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TOO MUCH OF A GOOD THING: REPLACING FIELD ASSIGNMENTS WITH CLINICAL EXPERIENCES - FOUR MODELS

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INTRODUCTION:

Field experiences serve an important socialization function in a teacher education program (Garland, 1982). Students see schools as they are. They have the opportunity to study school climate, to understand the ecology of classrooms, and to witness teachers executing various roles throughout the school day. The program at Otterbein College, a small midwestern private liberal arts institution, provides a number of different field experiences. Students are exposed to urban, suburban and (often) rural school systems. They are encouraged to work with diverse student populations, in individual, small group and large group settings, and at several grade levels. Across these field experiences, students observe, plan, instruct, manage, and evaluate within the context of current practice.

Field experiences introduce pre-service teachers to what is. The future teachers learn to adjust, to fit in, and to survive in the "real world". Clinical experiences, on the other hand, challenge students to consider what could be...if there were sufficient time to plan well-researched lessons and units, if there were encouragement to reflect on practice, if there were opportunities to work in a cooperative rather than an isolated mode, if problem-solving skills could be applied systematically to at-risk youngsters, if there were adequate resources and if circumstances could be controlled to provide optimal opportunities to apply sound principles.

Conventional wisdom and recent legislative initiatives have endorsed the increased use of practical experience in teacher education curricula. The "more is better" mentality has often predominated, with a plethora of field experiences finding their way into many programs (Howey, Yarger, and Joyce, 1978). Over the last few years our faculty has begun to question the value of the heavy amounts of field requirements in the curriculum and has replaced some of them with clinical experiences. The working definition of a clinical experience comprises four criteria which differentiate "clinical" from "field": (1) the supervision is largely in the hands of the college instructor; (2) the task of the student is delimited and discrete; (3) the control of the experience is held by the college; and (4) careful modeling of the behavioral expectations for the student is done by the college instructor.

The premise of this presentation is the superiority of clinical experiences over many traditional kinds of field placements. Four types of clinical experiences will be described. These include a participant observation in special education classrooms, a team-planned cooperative teaching experience, participation in the activities of a college reading clinic, and participation in simulations. Each represents one of four roles of the teacher, as posed by Heck and Williams (1984): researcher, colleague, nurturer, and professional leader.

Teacher as Researcher: Participant-Observation in Special Education Classrooms

"Teachers have a responsibility to understand each student in the class. This is best done through an ongoing research process" (Heck & Williams, 1984, p. 101). Regular education students refine their data-gathering skills and acquaint themselves with special needs youngsters and special educators through participation in a clinical experience in a senior level course entitled Exceptional Children. Students spend five hours across two or three days in a special education classroom or resource room. The research activity helps pre-service teachers develop key concepts about special education classroom ecology, special needs students, and instructional adaptations.

Students are asked to collect data on a protocol which includes the following categories: physical environment (diagram of room, number of youngsters, number of adults); student population (age, gender, general appearance, response to observer, response to teacher, response to peers); and classroom activities (checklist provided which includes effective teaching behaviors, listing of materials/equipment utilized). After recording information based on observations, students are asked to interview the special educator in order to get his/her impressions regarding characteristics of the population served and the outcomes of mainstreaming efforts within the school. At the end of the experience, students reflect on similarities and differences between labeled and non-labeled youngsters, special and regular classroom environments, and special and regular instructional materials and techniques.

The limited but focused clinical experience is intended to reduce fear of special needs youngsters and to increase respect for special educators and special education service delivery. Prior to the experience, over half of the student participants responded with neutral or negative comments to open-ended questions tapping attitudes about special needs youngsters. After the experience, students recognized similarities across all youngsters ("They look like other kids"; "They want to be accepted like everyone does"; "They like music and sports just like their peers") and appreciated instructional as well as ecological differences (more personal relationships between teacher and pupils; more individualization; more manipulatives

and technology; more cooperative learning strategies). The clinical experience not only reinforces class lectures, discussions, and readings but also encourages students to draw conclusions based on evidence that they collect. They have the opportunity to test their own hypotheses about special needs youngsters in a systematic fashion. If these youngsters are to be mainstreamed effectively, there is a need to increase the "instructional tolerance" of regular educators (Gerber, 1988). Working in an action research framework helps students to develop this tolerance.

Teacher As Colleague: Team-Planned Cooperative Teaching Experience

Teachers need to see themselves as members of a broader community of colleagues. Heck and Williams point out that this "colleagueship" has both social and intellectual value (Heck and Williams, 1984, pp. 14-27). Our students seeking certification for grades K-3 are involved in a cooperative team-planning and team-teaching exercise in a course entitled, Kindergarten-Primary Curriculum. Generally this course is taken during the junior year prior to student teaching.

For several weeks, the pre-service students work in a team of 5 or 6 people, planning for a week's worth (one hour a day for five days) of teaching three-to-five year olds at a local day care center or kindergarten. As a group, the team must (1) choose a topic which lends itself to integrated activities in science, social studies, mathematics, art, music, and language arts; (2) plan the activities; and, finally, (3) implement their plans by teaching a group of children. Every step along the way, the members of the group must be problem-solvers. They have to come to agreement around logistical issues as well as philosophical ones. A recent project, the theme of which was "The Post Office", found the student planners wrestling with the availability of tempera paints, as well as the difficult question of balance between teacher intervention and children's autonomy (For an early childhood educator, both sorts of issues are crucial ones!).

After plans have been discussed, revised, and finally agreed upon, the teaching begins. Students must coordinate their different individual roles at this time, from presenter to facilitator to "materials gatherer". Here, the teamwork truly comes into play. After each day, there is an assessment of the session's success and last-minute refinements for the next day are made.

Outcomes of this team effort are numerous. A major benefit for many of the students is an awareness of the power of group effort, both in terms of productivity and supportive empathy. For some, the experience is an enlightening one of self-analysis; they discover their leadership traits and planning styles. How

these traits and styles interact with others' is often a reinforcing realization and in some cases, a frustrating one. Direct discussion, led by the course instructor, occurs around the complicatedness of group planning, the importance of compromise and negotiation, and the related issues of teaching young children to work cooperatively. We believe that this carefully controlled "snapshot" into the role of "teacher as colleague" facilitates subsequent group and team experiences such as student teaching, curriculum development, and inter-disciplinary team decision-making. The clinical aspect of the experience allows students to analyze its nature in a non-threatening situation and to practice its skills in the safety of a group.

Teacher as Nurturer: Participation in a College Reading Clinic

The teaching role which emphasizes the ability to understand and appreciate the learner as a total--and unique--human being has been called the "nurturing role" (Heck & Williams, 1984). In order to fulfill the nurturing role, teachers need to seek understanding of the learner through attempts to understand the various "contexts of which that person is a part" (Heck & Williams, p. 50). This means teachers must view and appreciate all student behaviors as products of the individual's interaction with the home, the school, and the larger social contexts in which he/she is involved. Thus when we as teachers look at understanding the learner, we must be cognizant of and sensitive to the environmental forces which influence and shape those behaviors.

Reading assessment/diagnostic teaching is a crucial skill for teachers, and developing the knowledge, attitudes, and values which undergird this skill represents a significant part of teacher education programs. Certainly teachers-in-training need the experience of working with real students in order to learn diagnostic skills involving observation (both how and what to observe), data collection, data analysis and synthesis, and instructional hypothesis testing. At Otterbein College students seeking certification as reading specialists take, as part of their additional coursework and following a basic elementary or secondary reading methods course, a course entitled Reading Diagnosis and Correction. In conjunction with the advanced study of techniques and instruments of reading assessment and principles of individualized instructional planning, teachers-in-training complete 25 hours of clinical experience in the College's Reading Clinic under the direction and supervision of Education Department faculty.

Two significant components of this clinical experience are: focused and controlled observation of the administration of a variety of formal and informal assessment instruments followed by guided practice and supportive debriefing; and preparation of an intensive case study of a selected student consisting of student,

parent, and school interview data; observational data (sampling a range of learning tasks and contexts); work samples, and formal and informal test data culminating in instructional hypotheses. The first clinical component, which promotes familiarity with assessment instruments, also sensitizes teachers-in-training to the need to select instruments which match diagnostic objectives (i.e., sample behavior across a range of tasks and contexts) and have the potential to provide a more complete picture of an individual's literacy behaviors. The second component of the clinical experience, the case study, promotes the search for evidence bearing on the varied contexts which influence the student. Information from home and school complement the diagnostic picture and help teachers see the "total" student.

While these clinical experiences have as one goal the development of certain "technical skills" of diagnostic assessment and teaching, an overarching goal is the development of the prospective teacher's ability to engage in critical reflection, thoughtful decision making, and informed hypothesis testing and experimentation--activities not always evident as a model in field settings. Because the working conditions in school settings may actually restrict teachers' opportunities to engage in active and reflective decision making (Goodman, 1989), clinical experiences assume greater importance as alternatives routes to developing the prospective teacher's "nurturing" role.

Teacher as Professional Leader: Participation in Simulations

In the final chapter of The Complex Roles of the Teacher, Heck and Williams describe the role of the teacher as professional leader. The professional leader integrates and enacts all of the other complex roles assigned to the teacher. The teacher as professional leader is the teacher who is first "committed and dedicated to teaching as a helping profession" (p. 202); in this role, the teacher has the responsibility for helping the student meet her or his potential. To reach this end, the teacher needs to function cooperatively and supportively with students, parents, colleagues, administrators, staff members, and board members. In essence, the professional teacher integrates: modeling functional interpersonal behavior; communicating and providing information; giving counsel, advise, and direction; sharing, performing, and executing research; and assisting in pupil and related curriculum development and praxis.

Providing teacher candidates an opportunity to experience and practice the role of teacher as professional leader fits in the teacher education curriculum in both an introductory course and in an educational psychology course. There are a variety of clinical experiences that incorporate some of the notions of the teacher as professional and of the teacher as one who integrates roles. Following is a list of role playing experiences that have been incorporated into our classes. In these role playings, all of the roles are played by the teacher candidates, dialogue

transpires, and reflection occurs upon completion.

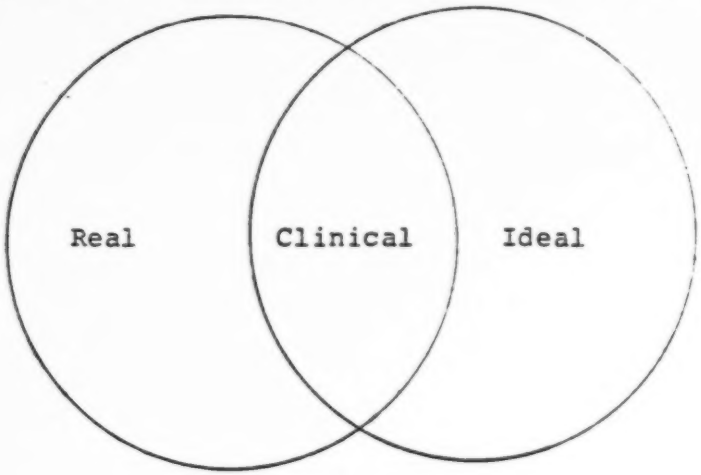
1. Writing a failure letter to a parent.
2. Role playing an IEP meeting.
3. Role playing a presentation to a School Board meeting regarding a new reading program.
4. Dramatizing a conference with the principal regarding a student who is a repeated behavior problem.
5. Rehearsing a phone conversation with a parent whose child has forged her/his signature.
6. Giving a mock presentation of an unpopular policy (e.g., smoking, suspension, locker rights) to a PTA.
7. Giving a "September" presentation to the parents of your 3rd grade class regarding the new way math will be taught.
8. Having a mock "open" parent meeting regarding low standardized test scores.
9. Enacting a department meeting with the principal at which the teachers want to change the discipline practices of the school.

These activities are directed so that the teacher candidate engages in the role of the professional teacher through practicing initiating, cooperative and supportive behavior with a variety of significant participants and appropriate topics. The simulations are augmented by students' attending meetings of local teacher associations, school boards, and local school staffs. Like the role playing, and in order to enhance the experience, these activities are accompanied by planned reflection upon completion. Although there appears to be many kinds of learnings which occur from the directed role playing and observation activities, the most significant outcome is animated discussion in class, regarding teaching's many demands. The challenges of leadership and the potential of the teacher as a change agent are frequent topics. Heated debate often ensues; students express that these simulations and subsequent discussions assist them in "practicing" for integrative roles.

Conclusion:

Schools need to change, and teachers need to facilitate and control the direction of change (Armaline & Hoover, 1989). Field experiences provide students with survival skills, but clinical experiences serve as models for change. Without a sense of what could be, pre-service teachers are likely to perpetuate the past. Clinical experiences provide forays into future practices. Experimentation, reflection, and exploration are key words in the clinical domain; while reality and practicality are certainly considerations, they need not be limitations.

The Venn diagram below illustrates the clinical domain:



The real, the ideal and the intersect between the two all need attention in teacher education. Field settings provide the real, college classrooms, under the best of circumstances, address the ideal, and clinical experiences fall in the area of intersection.

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OTTERBEIN COLLEGE

CHART OF CLINICAL AND FIELD-BASED EXPERIENCE IN TEACHER EDUCATION

Elementary	Cumulative Time	Secondary/Special (K-12)
Ed. 470 Student Teaching 300 Clock Hours	Senior 600 Clock Hours	Ed. 410 Student Teaching 300 Clock Hours
Ed. 450 Exceptional Children 5 Field 20 Clinical	300 Clock Hours	*Ed.450 Exceptional Children 5 Field 20 Clinical
Ed. 400 Field Experience as needed		Ed. 400 Field Experience as needed
Ed. 330 Reading Skills and Methods 15 Clinical		Ed. 380 Reading in Content Areas 15 Clinical
Ed. 310 Instructional Skills & Curriculum Planning 100 Field 25 Clinical	Junior 260 Clock Hours	**Ed. 370 Secondary School Curriculum & Methods 100 field 25 Clinical
Ed. 360 Multi-cultural Education 5 Clinical	135 Clock Hours	Ed. 360 Multi-cultural Education 5 Clinical
Ed. 210 Communication Media 25 Clinical	Sophomore 130 Clock Hours	Ed. 210 Communication Media 25 Clinical
Ed. 200 or Ed. 220 Psychology 20 Field 10 Clinical	105 Clock Hours	Ed. 210 Educational Psychology 20 Field 10 Clinical
Ed. 160 Study of the School 70 Field 5 Clinical	Freshman 75 Clock Hours	Ed. 160 Study of the School 70 Field 5 Clinical

*Physical Education Students may take P.E. 360 Adapted Physical Education and P.E. 370 Adapted Physical Education Field Experience.

**Music students take Music-Ed. 370 Music Methods for the Elementary School. and Music-Ed. 375 Music Methods for the Middle School and Music-Ed. 380 Music Methods for the High School.